

N. B.—in case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH				ARIZONA STATE BOARD OF HEALTH			
County of <u>Pima</u>				BUREAU OF VITAL STATISTICS <u>134</u> State Index No. <u>503</u>			
District of _____				ORIGINAL CERTIFICATE OF BIRTH Co. Register No. <u>220</u>			
Town of <u>Miami</u>				Local Registrar's No. _____			
or _____				(No. _____ St; _____ Ward)			
City of _____							
FULL NAME OF CHILD <u>Ygnosensis Aguerre</u>				Born		YES	
If child is not named, make Supplemental Report on blank obtainable from local registrar.				Alive		NO	
Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Yr.)		
<u>Male</u>				<u>No</u>	<u>Aug.</u> <u>17</u> <u>1915</u>		
FATHER				MOTHER			
Full Name <u>Louis Aguerre</u>				Full Maiden Name <u>Concepcion Chavez</u>			
Residence _____				Residence _____			
Color or Race	Age at last Birthday (Years)			Color or Race	Age at last Birthday (Years)		
<u>Mexican</u>	<u>24</u>			<u>Mexican</u>	<u>18</u>		
Birthplace <u>Mexico</u>				Birthplace <u>Mexico</u>			
Occupation <u>Platoon</u>				Occupation <u>Housewife</u>			
Number of child of this mother <u>2</u>		Number of children, of this mother, now living <u>2</u>		Were precautions taken against Ophthalmia neonatorum? <u>Yes</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on 17 Aug. 1915, at 5 A. M.

*When there is no attending physician or midwife, then the householder should make this return.

Given or christian name added from a supplemental report _____ 191____

(Signature) J. B. Miller (Attending physician, midwife, householder. *)

Address Miami, Ariz.

File Aug 25 1915 John H. Gray LOCAL REGISTRAR.

File Sept 4 1915 B. G. Gray COUNTY REGISTRAR.

815 - 817 - 2331 COUNTY REGISTRAR.